

**MONTGOMERY COUNTY DIVISION OF LAND DEVELOPMENT SERVICES
SEDIMENT CONTROL/STORMWATER MANAGEMENT DESIGN PLAN INFORMATION FORM (IF-1)**

I. PROJECT INFORMATION:

PROJECT NAME: _____ SUBDIVISION: _____
 LOT/BLOCK: _____ PARCEL: _____ PRELIMINARY PLAN #: _____
 SITE PLAN #/APPROVAL DATE: _____ (If a site plan is not required enter N/A.)
 RECORD PLAT #(s): _____ ZONE: _____ DISTURBED AREA (AC): _____
 BUILDING PERMIT APPLICATION #(s): _____
 WATERSHED: _____ Is this a Special Protection Area? / YES / NO (check one).

NOTE: Special Protection Area stream monitoring fees are due prior to plan approval.

II. STORMWATER MANAGEMENT STATUS: Enter information in the appropriate blanks for each form of control. The stormwater management concept letter must be shown on the detailed plans.

	<u>QUANTITY CONTROL</u>	<u>QUALITY CONTROL</u>
A. On-site facility <u>proposed</u>. State type and number of facility(ies). Complete Section V of this form. (See reverse side).		
B. On-site, Central or Regional Facility(ies) <u>previously approved</u>. Provide name and original Sediment Control Permit Number. Include statement of such on plan.		
C. Waiver - Provide approval date.		
D. Phasing - Provide approval date - (Include approved phasing letter on plans).		
E. Exempt		

III. SOILS INFORMATION: Provide Soil Survey sheet number and soil list symbols within property.

IV. ENGINEER

Firm: _____

Address: _____

Project Engineer: _____ Phone: _____

Prepared By: _____ Date: _____

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Reviewer Initials: _____ Number of Reviews: _____ Approval Date: _____

SC Revision #: _____ Plan Type: _____

Sediment Control # _____ Stormwater Management File # _____ enm:IF-1X:02/00

V. STORMWATER MANAGEMENT FACILITY INFORMATION

- A. Provide a brief description of the stormwater management facility design and provide the contributing drainage area to each facility. A schematic drawing can be used. If necessary, include an attachment.

B. Name of public street providing access to the stormwater management easement: _____

C. Developed RCN to each stormwater management facility: _____

D. Check the appropriate ownership category:

☐ Private Residential, ☐ Commercial, ☐ Montgomery County Public School, ☐ MNCPPC,
☐ Montgomery County Government, ☐ Other; Describe _____

E. USGS Quadrangle Sheet, where facility(ies) located _____,

MD (NAD 27) N/S Grid coordinates _____, MD (NAD 27) E/W Grid coordinates _____
(per ADC mapbook to the nearest 1,000)

F. Proposed drainage area cover type with acreage for the project:

<u>Cover Type</u>	<u>Acreage</u>
Single Family	_____
Townhouse/Multifamily	_____
Commercial	_____
Industrial	_____
Other (describe) _____	

G. ADC Mapbook Grid Coordinates _____ (Give Edition) _____

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Stage: _____ Multi: _____ Easement: _____ Covenant: _____

Structure Type _____

COMMENTS:
